

# Check Trace Authorization

## Description of Check

1. Name of Payee

2. Check Number

3. Date of Check

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4. Amount of Check

5. Travel Order Number

6. Invoice Number

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7. FOA Code

8. Address on Check

9. Present Address

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10. Telephone Number

11. FAX Number

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12. The check was not received.

The check was lost, stolen or destroyed.

13.

I certify, I have not received the check described above as issued to me and request that a stop payment be entered against the payment of the original check. I also request that a recertified check be issued to me in settlement of my claim. I understand if the original check has been cashed I will receive a photocopy from the USACE Finance Center.

14. I agree that I will not cash the original check. I will return it directly to the USACE Finance Center Disbursing, ATTN: Sarah Roberts, 7800 Third Avenue, Millington, TN 38054-5005. I fully understand if this claim or statement is fraudulent, I could be prosecuted under Article 132 of the Uniform Code of Military Justice or under Article 18 Section 287 of the United States Code for Fraudulent Claims Against the United States.

Signature

Date

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FORM: UFC-DISB-5